

State of California—Health and Human Services Agency

Department of Health Care Services



December 23, 2022

THIS LETTER SENT VIA EMAIL

Mr. James G. Scott, Director Division of Program Operations Medicaid and CHIP Operations Group Centers for Medicare & Medicaid Services 601 East 12th Street, Suite 0300 Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 22-0067: CONTINUATION OF SUPPLEMENTAL PAYMENTS TO FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CLINICS, INDIAN HEALTH SERVICE-MEMORANDUM OF AGREEMENT, AND TRIBAL FEDERALLY QUALIFIED HEALTH CENTERS FOR COVID-19 VACCINE-ONLY VISITS FOLLOWING THE END OF THE PUBLIC HEALTH EMERGENCY

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 22-0067 for your review and approval. This SPA proposes to continue supplemental payments to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Indian Health Service-Memorandum of Agreement (IHS-MOA), and Tribal FQHCs for COVID-19 vaccine-only visits following the end of the Public Health Emergency (PHE). DHCS seeks an effective date of January 1, 2023.

During the PHE, DHCS provided supplemental payments outside the per-visit rates paid to FQHCs, RHCs, IHS-MOAs, and Tribal FQHCs when a COVID-19 vaccine was administered on its own outside of a billable visit. The supplemental payments were approved by the Centers for Medicare and Medicaid Services in disaster SPAs 20-0040 and 21-0020.

DHCS released the SPA 22-0067 tribal notice on November 16, 2022.

The following documents are included in this submission:

- Cover Letter
- CMS 179 Form
- Attachment 4.19-B, page 6AA5

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- Supplement 6 to Attachment 4.19-B, pages 2c and 4.4
- Tribal Notice
- Public Notice
- Standard Funding Questions

If you have any questions or need additional information, please contact Andrea Zubiate, Chief, Office of Tribal Affairs, at (916) 713-8623 or by email at Andrea.Zubiate@dhcs.ca.gov.

Sincerely,



Jacey Cooper State Medicaid Director Chief Deputy Director Health Care Programs

Enclosures

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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL	
	SECURITY ACT XIX	XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amou		
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable)	DED PLAN SECTION	
9. SUBJECT OF AMENDMENT			
10. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Please note: The Governor's Office the State Plan Amendment.	ce does not wish to review	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
12. TYPED NAME			
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14. DATE SUBMITTED December 23, 2022			
FOR CMS USE ONLY			
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22. REMARKS			

B1. ALTERNATIVE PAYMENT METHODOLOGY (APM) TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND RURAL HEALTH CLINICS (RHC) FOR COVID-19 VACCINE ADMINISTRATION.

a. APM Reimbursement:

- i. The APM for COVID-19 vaccine administration when administered during a COVID-19 vaccine-only visit will be a separate supplemental payment to the applicable Prospective Payment Systems (PPS) rate or applicable APM for a medical visit as described in Attachment 4.19-B, beginning on page 6B.1. ii. The supplemental payment will be available at the applicable fee schedule rates for COVID-19 vaccine administration when the COVID-19 vaccine is administered during a COVID-19 vaccine-only visit. Reimbursement for the supplemental payment will occur at time of billing. iii. When the COVID-19 vaccine is administered as part of an otherwise billable FQHC/RHC encounter per Attachment 4.19-B, the encounter is reimbursed under the existing PPS/APM per Attachment 4.19-B, and no supplemental payment will be made. The FQHC or RHC provider must agree to receive the APM, and the APM will not be less than the PPS rate. iv. The COVID-19 APM supplemental payment will be separate from PPS reimbursement and is excluded from the reconciliation of the clinics' reimbursement to the PPS rate.
- b. APM Term:
 - i. Date of service is January 1, 2023.
- c. Eligible Services:
 - i. COVID-19 vaccine administration pursuant to section 319 of the Public Health Service (PHS) Act, PHE Determination as the Result of the Consequences of COVID-19, when administered during a COVID-19 vaccine-only visit.

TN: <u>22-0067</u> Supersedes TN: NEW

Approval Date: _____ Effective Date: January 1, 2023

REIMBURSEMENT FOR INDIAN HEALTH SERVICES TRIBAL 638 HEALTH FACILITIES

Supplemental Payments for COVID-19 Vaccine Administration

a. Reimbursement:

- i. Payment for a COVID-19 vaccine administration given during a COVID-19 vaccine-only visit will be a separate supplemental payment to the applicable All-Inclusive Rate (AIR) for a medical visit as described in Supplement 6 Attachment 4.19-B. This additional reimbursement is necessary to account for the increase in vaccine-only visits due to COVID-19 vaccine administration not included in the AIR.
- ii. The supplemental payment will be available at the applicable fee schedule rates for COVID-19 vaccine administration when the COVID-19 vaccine is administered during a COVID-19 vaccine-only visit. Reimbursement for the supplemental payment will occur at time of billing.
- iii. The COVID-19 IHS-MOA 638 provider supplemental payment will be separate from AIR reimbursement when the COVID-19 vaccine is administered as part of an otherwise billable IHS-MOA 638 provider encounter described in Supplement 6 Attachment 4.19-B, the encounter is reimbursed under the existing AIR and no supplemental payment will be made.

b. Supplemental Payment Term:

i. Date of service is January 1, 2023.

c. Eligible Services:

 COVID-19 vaccine administration pursuant to section 319 of the Public Health Service (PHS) Act, PHE Determination as the Result of the Consequences of COVID-19, when administered during a COVID-19 vaccine-only visit.

TN: <u>22-0067</u>

Supersedes TN: NEW

Approval Date: Effective Date: <u>January 1, 2023</u>

B1. ALTERNATIVE PAYMENT METHODOLOGY (APM) TO TRIBAL FEDERALLY QUALIFIED HEALTH CENTERS (TRIBAL FQHC) FOR COVID-19 VACCINE ADMINISTRATION.

a. APM Reimbursement:

- i. The APM for COVID-19 vaccine administration when administered during a COVID-19 vaccine-only visit will be a separate supplemental payment to the applicable APM, which is set at the All-Inclusive Rate (AIR), for a medical visit as described in Supplement 6 Attachment 4.19-B.
- ii. The supplemental payment will be available at the applicable fee schedule rates for COVID-19 vaccine administration when the COVID-19 vaccine is administered during a COVID-19 vaccine-only visit. Reimbursement for the supplemental payment will occur at time of billing.
- iii. The COVID-19 APM supplemental payment will be separate from Tribal FQHC APM reimbursement when the COVID-19 vaccine is administered as part of an otherwise billable provider encounter as described in Supplement 6 Attachment 4.19-B, the encounter is reimbursed under the existing per-visit APM, and no supplemental payment will be made.

b. APM Term:

i. Date of service is January 1, 2023.

c. Eligible Services:

i. COVID-19 vaccine administration pursuant to section 319 of the Public Health Service (PHS) Act, PHE Determination as the Result of the Consequences of COVID-19, when administered during a COVID-19 vaccine-only visit.

TN: <u>22-0067</u> Supersedes TN: <u>New</u>

TN: New Approval Date: Effective Date: January 1, 2023